PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09813351

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS 07			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ياد فرط		1	RATE	FEE	1	RATE	FEE		
FOR			NUMBER F	ILED	NUMB	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			23 min	us 20=	. #3			X\$ 9=		OR	X\$18=	54		
INDEPENDENT CLAIMS 3 = **							X40=		OR	X80=				
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2						ļ	TOTAL		OR	TOTAL	764			
CLAIMS AS AMENDED - PART II								OTHER THAN						
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						, 1 r	SMALL		OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 27	Minus	·· 2	3	= 4		X\$ 9=		OR	X\$18=	72		
	Independent	TATION OF MI	Minus	*** C	S CLAIM	= 4		X40=		OR	X8€4	336		
<u> </u>		INTATION OF IM	DETIFIE DEF	CINDEIN	CLAIIV		1 [+135=		OR	+270=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 28	Minus	2	7	= /		X\$ 9=		OR	X\$18=	18.00		
	Independent	That ION OF MU	Minus	***	7	= 0		X40=		OR	X80=			
	THOTTHESE	IVIAIIOIV OI WIC	THE CLUEN	LINDLINI	CLAIIVI		¹ [+135=		OR	+270=			
						•	A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	18.00		
		(Column 1)		(Colur		(Column 3)			-					
AMENDMENT C	iii.]	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 35	Minus	2	8	= 7		X\$ 9=		OR	X\$18=	126		
	Independent	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	Minus	***	<u> </u>		▍▐	X40=		OR	X80=	,		
Ш	FIRST PRESE	NTATION OF MU	JUIPLE DEPI	ENDENT	CLAIM		╽├	.105		ı	.070			
٠,	f the entry in colur	mn 1 is less than th	e entry in colum	ın 2, write	"0" in col	umn 3.	L	+135= TOTAL	-	OR	+270=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

PCE 3/17/03

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/813 35/

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY	
TOTAL CLAIMS					nt.		Γ	RATE	FEE	1	RATE	FEE
FC	R		NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	BLE CLAIMS	2 (minus 20= * —			_		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					*	_	Ì	X42=		OR	, X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	<u>. </u>	OR	TOTAL		
CLAIMS AS AMENDED - PART II							OTHER THA					
	· Or on the standings	(Column 1) CLAIMS	(Column 2)			(Column 3)	-	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> </u>	Ī	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		ľ	+140=		OR	+280=	
							L	TOTAL			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							А	DDIT. FEE			ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	١	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CLAIM	=		X42=		OR	X84=	
<u>L</u> _	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3)									_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	t	X42=			X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		F			OR		
*	f the entry in colu	mn 1 is less than th	ne entry in colu	mn 2. write	"0" in co	lumn 3.	L	+140=		OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												